



Alexandria Community Services Board
Department of Mental Health, Mental Retardation & Substance Abuse

Application for Volunteer Service

Application Date: _____
Last Name: _____ First Name: _____
Address: _____ City: _____ Zip: _____
Phone: (H) _____ (W) _____ E-mail: _____
Social Security Number: _____ Date of Birth: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

Current and Past Volunteer Experience (year, location, duties): _____

Have you ever volunteered for the Alexandria Community Services Board before? _____
Have you ever received or are you currently receiving services from the Alexandria Community Services Board? _____

Current Employer: _____ Date of Employment: _____
Address: _____ Phone: _____
Duties: _____

Education (name of last school attended, major or grade completed): _____

Special Skills (include CPR, first aid, sign language, foreign languages or other relevant knowledge or experiences): _____
Why do you want to volunteer with the Alexandria Community Services Board? _____

Areas of Interest

I. Direct Service for Consumers

(Select one or more from each column)

| Population | Service Area | Activity |
|------------|----------------------|--------------------|
| " Children | " Mental Health | " Friendly Visitor |
| " Adults | " Mental Retardation | " Mentor |
| " Elderly | " Substance Abuse | " Driver |

OR

II. Administrative Support/Other

(Select one or more below)

" Clerical/receptionist
" Computer
" Representative Payee

Other Interest: _____

Availability (to be completed by in-office volunteers only)

Day " Sunday " Monday " Tuesday " Wednesday " Thursday " Friday " Saturday
Hours _____

References Appropriate references include co-workers, supervisors or friends. Please do not include family members or relatives.

Name: _____
Relationship: _____
Daytime Phone: _____

Name: _____
Relationship: _____
Daytime Phone: _____

Have you ever been convicted (found guilty, sentenced or fined) of a law violation since your 18th birthday? " Yes " No

If yes, give the date, place, charge, court and any fine or sentence imposed.

STATEMENT OF UNDERSTANDING

Confidentiality I agree to keep confidential all consumer information, written or oral. I understand that consumer related information is strictly confidential and cannot be divulged without a written permission release from the consumer or guardian. Any request for disclosure of information must be reported to the volunteer services coordinator or other staff supervisor.

T-B Testing, Universal Precautions Training & Human Rights Training I understand that in order to volunteer in any position involving direct contact with consumers I must attend these two trainings provided by the agency. I must also receive a T-B test prior to beginning volunteer service, and provide the volunteer office with a copy of the results. (T-B tests are available at no cost to the volunteer.)

CPR & First Aid I understand that some volunteer positions require CPR & First Aid Certification. I agree to provide proof of current certification in these areas if required. Should I not hold certification, I will attend classes offered by the American Red Cross and provide proof of certification prior to beginning volunteer service. (The CSB will pay for certification.)

Driving If my volunteer service involves transporting consumers in a vehicle, I will submit a current copy of my driving record from DMV. (The CSB will reimburse volunteers for the cost). I will also submit proof of personal auto insurance. (Declarations page of policy.) To remain active, I must submit proof of insurance every year.

I certify to that the information provided on this application is true. I have read and understand the Statement of Understanding. I also understand that knowingly providing false information on this application is grounds for dismissal from the volunteer program.

Volunteer Signature and Guardian if under 18 years-old

Date

Mail to Volunteers, Alexandria CSB, 720 North Saint Asaph St., Alexandria, VA 22314, or you may fax your application to 703-838-5070.